

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40951
STATE FILE NUMBER

FILED DEC 11 1957

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 196

S. 300
v. 1-57

| | | | |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Laclede | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon | | c. CITY OR TOWN Lebanon | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. 45509 | | d. STREET ADDRESS (If outside, give location) R. R. 45509 | |
| 3. NAME OF DECEASED (Type or print) First James Middle E Last Lawler | | 4. DATE OF DEATH Month Nov. Day 30 Year 1957 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 24 1881 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 11. BIRTHPLACE (City and state or country) St. Peters Minn. | 9. AGE (In years last birthday) 76 |
| 13a. FATHER'S NAME Michael Lawler | | 13b. MOTHER'S MAIDEN NAME Not Known | 14. NAME OF HUSBAND OR WIFE Anna Lawler |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mrs. J. E. Lawler Lebanon Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS. | | | INTERVAL BETWEEN ONSET AND DEATH Several Hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerotic Heart Disease | | | One Year |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO-DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) 4200 | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from 11/22/57 to 11/30/57 and last saw her alive on 11/30/57 Death occurred at 7:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE George E. Fisher M.D. (Degree or title) | | 22b. ADDRESS Lebanon, Mo | |
| 22c. DATE SIGNED 11/30/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 11/30/57 | |
| 23c. NAME OF CEMETERY OR CREMATORY Saint Marys Cem | | 23d. LOCATION (City, town, or county) Tilden Neb. | |
| 24. FUNERAL DIRECTOR H. P. Palmer Lebanon Mo | | 25. DATE RECD. BY LOCAL REG. 11-30-1957 | |
| 26. REGISTRAR'S SIGNATURE Hella L. Day | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received 12-9-57
Laclede County Health Unit
File No. 196
Date Filed 12-9-57

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Mrs. Allyn Hosker

Licensed Embalmer No. 4333

P. O. Address 614 Bland - Le...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.